Redmond Police Department 8701 160th Ave NE / MS: PSPDR Redmond, WA 98052 (425) 556-2600 Fax: (425) 556-2573 or (425) 556-2540 SOLICS OLICS

POLICE RECORDS REQUEST

Last	First	Middle	
Today's Date	Requestor's Date of Birth	()Phone (Daytime)	
	1		
Requestor's Mailing Address	City	State	Zip
Record Requested: □ Police Report / Type of incid □ Traffic Accident report □ Other / Specify:	ent:		
Case Number:	Please	provide date, time, and loc	ation of the incident,
	, including names of persons involved		
to the number listed above, a that notification, it will be de Please mail the copies to the inform you of the fee. The pa "I understand that the records I disclosable per RCW 10.97.050, are processed in the order recedays. "Respond" is defined as required, a letter stating that a	□ Defendant □ Victim □ Witness □ Insurer of Involved Party □ Other □ Is. When the copies are ready, I understoog with the fee for the request. If this estroyed and request will have to be rest a bove address. When the copies are a syment must be received before copies are request are subject to State Disclosur, 42.52.080 and 46.52.083. There is a sived. In accordance with RCW 42.5 sending the copies requested or, didditional processing time is required tide public records consisting of a list of the copies.	s request is not picked up visubmitted. ready to mail, we will contain a remailed. e Law and not all criminal of fee for case copies. I und the second will respond with the to the volume of requirement of the per RCW 42.17.260(9) of the submitted in the second will respond with the second secon	ner Involved Party nessage will be made within two weeks of tact you by phone to record information is derstand that requests thin five (5) business ests or research time and 42.56.070 (9) our
Signature	Date		
FOR POLICE USE ONLY:	Rece	ived stamp:	
Received by:			
☐ Pre-paid ☐ Check/cred	it card payment: ID verified		

Original: RPD

Second page: Requestor